DATE:	00/		
TO:		FW	<u></u>
FROM:	Office of Initial Pater	nt Examination	
SUBJECT:	Fee Due	1020.00	·
APPLICATION		32957	
following reason. deposit account if	Please check the applif an authorizations is	cation for the appropriate	nd Trademark Office for the authorizations to charge a see Appropriate Fee. If and
Insufficient fee t	by check		•
Insufficient fund	ls in deposit amount		
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